

CITY OF HOMER

ABSENTEE BALLOT APPLICATION

You may mail this application or drop it off at City Hall-491 E. Pioneer Avenue, Homer, Alaska, 99603. You may also fax it to 907-235-3143, or email it to clerk@ci.homer.ak.us Applications will not be accepted without a signature per HCC 4.30.030(1)

Please Print or Type and only person per form/request.

Name: _____

Phone Number: _____

City of Homer, Alaska Residential Address: _____
(Physical Address Only. No PO Boxes)

Send my ballot to the following address: _____

OR

Fax Number: _____

OR

Email: _____

This application is for the following City of Homer elections:

☐ General Municipal Election ☐ Run-Off Election ☐ Special Election

General Elections are held the first Tuesday in October; Run-Off Elections are scheduled if needed on the first Tuesday after the first Monday in November; Special elections are scheduled as needed.

Voter Identification: You must provide at least one of the following:

Voter Registration Number_____ **Birth Date:**_____

Last 4 numbers of your Social Security No. _____

Oath:

I declare that I am a legal resident of the City of Homer, Alaska and possess the qualifications of a legal voter of the State and City.

Signature:_____ **Date:**_____

Your signature is required for this application to be valid.

OFFICE USE ONLY

District/Precinct

Date Ballot Sent or Faxed

Date Ballot Received _____

Comments